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indicated unless correcte maintenance fee notificat		nerwise in Block I, by (a	a) specifying a new corres	pondence address; and/or	(b) indicating a sepa	rate "FEE ADDRESS" for	
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		\3				(Signature)	
		`	TRADEMARK			(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATTO	RNEY DOCKET NO.	CONFIRMATION NO.	
09/492,459 01/27/2000		Allen Claxton		PM 265648	9894		
TITLE OF INVENTION: RELIANCE MANAGER FOR ELECTRONIC TRANSACTION SYSTEM							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$0	\$0	\$1400	11/07/2006	
EXAMINER		ART UNIT	CLASS-SUBCLASS				
KAZIMI, HANI M		3624	705-044000				
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			(1) the names of up to or agents OR, alternativ (2) the name of a single registered attorney or a	name of a single firm (having as a member a ed attorney or agent) and the names of up to ered patent attorneys or agents. If no name is			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. 11/08/2006 HAHHED2 0000101 033975 09492459 (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) OF FC:8001 1400.00 DA Certco, Inc. New York, New York, New York							
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual 🕱 Corporation or other private group entity Government							
4a. The following fee(s) are submitted: Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies 3= 3 7			 b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 3.3.3.5 (enclose an extra copy of this form). 				
5. Change in Entity Stat							
a. Applicant claims SMALL ENTITY status. See 37 GFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 GFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in							
Authorized Signature Typed or printed name	ecords of the United Sta	Hot fran	Date November 7, 2006 Registration No. 42663				
Alexandria, Virginia 223	irginia 22313-1450. DC 13-1450.	NOT SEND FEES OR	on is required to obtain or re 1.14. This collection is estive depending upon the individual of the complete o	THIS ADDRESS. SEN	D TO: Commissioner f		